

# Letters to the Editor...

*To physicians troubled by the stridor of accusations made against our profession nowadays, the following letter must come as a sweet reminder that the one thought we held above all others when we were deciding to become physicians is still our animus. The names are changed, to protect the modest.*

American Medical Association  
535 N. Dearborn, Chicago 10, Ill.

Gentlemen:

I have just read an article in *Readers Digest* about Malpractice Suits Against Doctors. It is hard to believe because we've had such wonderful doctors.

I feel that writing to you and expressing our praise of two special doctors, who are undoubtedly associated with you, was the only way I could express our feelings. Hope it is in order, and that you enjoy hearing about outstanding doctors.\*

My family—me, my husband and our three sons, aged 11, 9 and 8—were in a serious head-on collision on August 17, 1958, and are still recovering from the multiple injuries.

We had just moved to Los Angeles two weeks before the accident and didn't know anyone. The accident occurred 60 miles outside of Los Angeles. We were all unconscious and moved by ambulance to an emergency hospital. . . . Several doctors came to our aid, and [one of them] performed delicate surgery on Norm, which saved his life.

A sister, when notified of the accident, took charge of our affairs. She authorized calling a neurosurgeon from Los Angeles since there were none locally and we all had skull fractures. [The one who was] summoned, came. He performed brain surgery on Ronald and Dennis and thereby saved the sight in Dennis' right eye. The optic nerve in the left eye was destroyed, but surgery saved his right eye and also saved his life. Ronald had brain surgery and was unconscious 12 weeks and now has a palsy condition because of injury to his motor nerves. [The neurosurgeon] suggested that the boys be moved to [a hospital nearer Los Angeles] where he was on the staff, so he could watch the boys constantly. . . . My sister had us all moved there. Dr. ——— called in various other doctors to care for us, and he picked the finest men available. Our main injuries required an orthopedic man and a neurosurgeon.

Dr. ——— is a fine, dedicated man. He pulled me and the boys through with his constant vigilance.

He called in [another doctor] for the orthopedic work. He diligently reconstructed our broken bones and now we all face a normal life because of these two wonderful men. They were more than doctors

—they were friends as well. They have never been too busy to talk with us; explain our injuries; and diminish our fears.

We are grateful to all the many doctors and nurses who took care of us, because we were complete strangers in a strange area. There was never a question of money brought up. The doctors, particularly Dr. ——— and Dr. ———, gave of themselves completely—their time, effort, skill and heart. . . . They visited us at least once and sometimes twice a day at the hospital, even on Sundays and holidays. When we were released to go home, they were always available to see us or answer questions.

We credit the lives of all of us to these two men primarily—to their unselfish use of time and to their skill and devotion to their profession.

I wish I knew of some way to tell the world about these wonderful men, because we hear enough about the inadequacies of doctors—so why not a word about these two, which is, I am certain, repeated over and over every day throughout the world. All the doctors we have known have been dedicated men who have put the caring of patients above themselves and their lives.

## Labels on Medicine Bottles

THIS IS A PLEA to include the names of drugs on the labels stuck to the dispensed medicine bottles. Most prescriptions should bear the word "Label" below "Sig." The advantages of immediate identification of the contents are so obvious that examples of cases are perhaps unnecessary where this practice would have been desirable, imperative and even lifesaving. The empty bottle, or the one containing a nondescript tablet, can present an irritating, time-consuming, even dangerous puzzle: to a physician taking over the case, to a pharmacist, not to speak of the prescriber himself who may be caught without having access to his notes or, most abjectly, with notes altogether silent on the matter. The epileptics, addicts, suicides, any patient on vital substitution therapy are only the most blatant instances.

I am well aware of the objections, but also of the over-riding acclaim this proposal has found and will find among colleagues. Secrecy, professional mystery, placebo medication, protection against snooping have their place in rare cases which, of course, should be exempt from the labelling practice. But the common mid-twentieth century patient usually demands and enjoys the privilege of knowing what he is taking, at least by name. The reason why this name does not appear on his bottle is an outworn tradition, that "we have never done it be-

fore," or "we were not told to do it in medical school." We just haven't thought of it often enough. But the advantages are worth the effort of writing an extra five-letter word, or the print on the prescription blank, and the scratch where it does not apply.

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## Single Injury and Cancer

IN AN ARTICLE entitled, "Can a Single Injury Cause Cancer?," by Dr. Arden R. Hedge in the January 1959 issue of *CALIFORNIA MEDICINE*, it is my belief that the problem is discussed superficially and that numerous recent concepts relating to the pathogenesis of cancer are ignored. I note that except for a reference to a review article in *Cancer Research* concerned with the basic aspects of cell division the most recent reference in the bibliography is that to an article published by Dr. F. W. Stewart in 1944. During the intervening years, experimental and clinical observations suggest that the concept of trauma in cancer certainly is in need of review. The conclusions of Stewart<sup>1</sup> that "Attempts to rely on single trauma to explain cancer depend on the exercise of primitive forms of reasoning," and Downing<sup>2</sup> "—I have never been thoroughly satisfied that a single trauma ever caused cancer—" are in need of re-examination in light of recent investigations on the role of skin sensitization and cocarcinogenesis in the etiology of skin cancer. Special emphasis should be directed toward the part played by wound healing in its action as a promoting agent or cocarcinogen.

The concept of "sensitization" or "preparation" of skin by means of suboptimal exposure to carcinogenic hydrocarbons has been experimentally established by Berenblum,<sup>3</sup> Berenblum and Shubik,<sup>4</sup> Rous and Kidd,<sup>5</sup> and Friedewald and Rous.<sup>6</sup> The suboptimal exposure serves as an initiating phase by converting some of the cells in the skin of experimental animals to a preneoplastic condition. Following this stage, which Berenblum refers to as precarcinogenesis and which Rous refers to as the stage of initiation, nonspecific agents such as wound healing, freezing with carbon dioxide snow, croton oil, and mechanical irritation are capable of converting the skin to true neoplasm. Friedewald and Rous, in their experiments on rabbits, showed that wound healing may act as a promoting agent. Shubik in attempting to confirm this observation modified their technique and succeeded in producing skin papillomas at the site of the induced trauma. No malignant changes were observed at the time the animals were sacrificed. He did conclude, however, that wound healing was undoubtedly effective as a promoting agent.

The carcinogenicity of certain petroleum oils that are obtained from the fluid catalytic cracking proc-

ess has been demonstrated by Holt and his co-workers<sup>7</sup> in experiments on mice, rabbits, and monkeys. They further concluded that, "Employees exposed to contact with these oils are believed to be exposed to an occupational cancer hazard."

A case reporting the "Possible role of trauma as a cocarcinogen" in an oil worker by Kotin and Kahler<sup>8</sup> was recently published. Shimkin and his associates<sup>9</sup> reported the appearance of a carcinoma following exposure to a refrigeration ammonia-oil mixture. They concluded, "In our opinion a causal connection can be reasonably postulated between the trauma and the exteriorization of a latent neoplasm as an example of a cocarcinogenic effect." Smith<sup>10</sup> in a discussion of pulmonary cancer stressed that not only carcinogenic materials have to be considered but also cocarcinogenic agents which may be related or unrelated to the evoking agent.

An ever-expanding list of actual or potential carcinogenic agents is being introduced into the occupational environment as the result of newer industrial processes and the increased use of petroleum and its by-products. While exposure is admittedly kept at a minimum by industrial health control measures, suboptimal exposures to carcinogenic agents do occur with attendant danger of establishing the stage of initiation. In this light, the routine dismissal of trauma as a noncontributing factor to carcinogenesis should be replaced by the taking of a detailed occupational and environmental history of the patient to see if the process of cocarcinogenesis may have been a factor.

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